



Illinois Department of Public Health

Environmental Health

Pat Quinn, Governor • Damon T. Arnold, M.D., M.P.H., Director

Illinois Department of Public Health
 Illinois Lead Program
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Please complete and submit this form to the Department within seven (7) calendar days after completion of approved course. This form may be submitted by: fax to (217) 557-1188; by e-mail to dph.lead@illinois.gov; or by regular mail to the address above. Please allow 72 hours to receive your Class Number.

I. Lead Training Course Notification

Date Submitted:	ID No:	Training Course Provider Name:	
Phone Number:	Fax Number:	Class Number:	

II. Course Information

<input type="checkbox"/> Worker	<input type="checkbox"/> Supervisor	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher
<input type="checkbox"/> Inspector	<input type="checkbox"/> Risk Assessor	<input type="checkbox"/> Polish	<input type="checkbox"/> Other	<input type="checkbox"/> Revision*	<input type="checkbox"/> Cancellation
<input type="checkbox"/> RRP					

Start Date:	Exam Date:	Contact Person:
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III. Location

Facility:			
Street Address:	City:	State:	Zip:

IV. Instructors

1 st Course Instructor:	Teaching What Aspects of Course:
2 nd Course Instructor:	Teaching What Aspects of Course:
3 rd Course Instructor:	Teaching What Aspects of Course:
4 th Course Instructor:	Teaching What Aspects of Course:

V. Student Information

First Name:	Last Name:	SSN:	Certificate Number	Score:

* Please mark revisions with an asterisk *

